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Apr 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46704 (5)

1. Corporation Name

ST. PATRICK'S G.A.A. FLORIDA, INC.

Principal Place of Business

6811 PARK ST
HOLLYWOOD FL 33024

Mailing Address

299 N.W. 11TH STREET
BOCA RATON FL 33432-2641
US

3. Date Incorporated or Qualified
01/02/1992

3a. Date of Last Report
03/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

65-0309831

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENDERSON, HARRY J
299 N.W. 11TH STREET
BOCA RATON FL 33432

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MCKENNA, LIAM
STREET ADDRESS 435 N.W. 136TH STREET
CITY-ST-ZIP N. MIAMI FL

TITLE D ☐ DELETE

NAME BARRETT, JOHN
STREET ADDRESS 3326 QUAIL CLOSE
CITY-ST-ZIP POMPANO BEACH FL

TITLE S ☐ DELETE

NAME HYNES, MARTIN
STREET ADDRESS 2352 N.W. 39TH AVENUE
CITY-ST-ZIP COCONUT CREEK FL

TITLE R ☐ DELETE

NAME WALSH, NOEL
STREET ADDRESS 3330 N.E. 14TH AVENUE
CITY-ST-ZIP POMPANO BEACH FL

TITLE D ☐ DELETE

NAME HENDERSON, HARRY J
STREET ADDRESS 299 N.W. 11TH STREET
CITY-ST-ZIP BOCA RATON FL

TITLE AS ☐ DELETE

NAME BARRETT, JOHN
STREET ADDRESS 3326 QUAIL CLOSE
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry J. Henderson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97 561-368-8513
Date Daytime Phone # 0038930

CR2E037 (9/96)